

# CLAIM FOR REIMBURSEMENT

## Summer Food Service Program

Send completed form to:  
 VT Department of Education  
 Child Nutrition Programs  
 120 State Street  
 Montpelier, VT 05620

**Instructions:** Please provide complete information as requested on this form. Incomplete information will delay payment of your reimbursement.

NAME AND ADDRESS OF SPONSOR	AGREEMENT NUMBER:	
	THE NUMBER OF OPERATING DAYS IN EACH MONTH INCLUDED IN THIS CLAIM:	# Operating Days in June _____
		# Operating Days in July _____
		# Operating Days in August _____
<b>NOTES:</b> 1. If you operate for 10 days or less in your FIRST MONTH OF OPERATION, you <b>may</b> submit a combined claim that includes the first two months of operation.  2. If you operate for 10 days or less in your LAST MONTH OF OPERATION, you <b>must</b> submit a combined claim that includes the last two months of operation.		

## REPORT OF MEALS SERVED BY SITE FOR CLAIM PERIOD

Site _____		# Days of operation during this Claim Period: _____			
	First meals served to children	Second meals served to children (non-camps only)	Meals served to ineligible children (camps only)	Meals served to program adults	Meals served to non-program adults
Breakfast					
Lunch					
Supper					
Snack					

Site _____		# Days of operation during this Claim Period: _____			
	First meals served to children	Second meals served to children (non-camps only)	Meals served to ineligible children (camps only)	Meals served to program adults	Meals served to non-program adults
Breakfast					
Lunch					
Supper					
Snack					

Sponsor \_\_\_\_\_ Claim Month(s) \_\_\_\_\_

<b>Site</b> _____		<b># Days of operation during this Claim Period:</b> _____			
	First meals served to children	Second meals served to children (non-camps only)	Meals served to ineligible children (camps only)	Meals served to program adults	Meals served to non-program adults
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Lunch					
Supper					
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Lunch					
Supper					
Snack					

## REPORT OF SFSP EXPENSES AND INCOME

**REMINDER:** Sponsors are reimbursed separately for operating costs and administrative costs. You will be reimbursed the lesser of costs or rates for your operating costs and the lesser of costs or rates or budget for your administrative costs. See below for a reminder of the difference between allowable operating costs and allowable administrative costs.

**OPERATING COSTS** are those that are related to the preparation and serving of meals and the direct supervision of children during the serving time. For example:

- ◆ cost of food
- ◆ labor costs for purchasing, preparing, and serving food
- ◆ cost of supplies (such as straws, napkins, paper bags, trash bags)
- ◆ costs of transporting children to feeding sites or transporting food to the feeding sites

**ADMINISTRATIVE COSTS** are those that are related to planning, organizing, and administering the program. For example:

- ◆ completing the application
- ◆ determining site eligibility
- ◆ attending training
- ◆ training site personnel
- ◆ reviewing and monitoring operations at sites
- ◆ preparing claims for reimbursement

EXPENSES (Report actual total expenses. Keep documentation on file at sponsor level.)		INCOME (Do NOT include reimbursement or adult meal payments.)	
OPERATING	ADMINISTRATIVE	OPERATING	ADMINISTRATIVE
\$ _____	\$ _____	\$ _____	\$ _____

*I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support their claim, that it is in accordance with the terms of the existing agreement and payment therefore has not been received. I understand that if, as sponsor, I have received one or more advances against expenses, that this amount will be deducted from my reimbursement.*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by a sponsor representative not a food service management company representative)

## DEADLINES

If you are in operation 10 days or less in June, you may either file a separate claim for June or combine June with July on one claim. If your last month of operation is 10 days or less, you **must** submit a combined claim for that month and the previous month. All three months can be combined on one claim if you operate for 10 days or fewer in June, all of July, and 10 days or fewer in August. Please note the dates below. They are different from previous years.

Latest Postmark Date	Claim Month(s)
August 29	A separate <b>June</b> Claim for Reimbursement
September 29	A separate <b>July</b> Claim for Reimbursement
September 29	A combined <b>June-July</b> Claim for Reimbursement
September 29	A separate <b>August</b> Claim for Reimbursement
September 29	A combined <b>July-August</b> Claim for Reimbursement
September 29	A combined <b>June-July-August</b> Claim for Reimbursement



**IMPORTANT NOTE:** In order to complete our reports in a timely manner, the latest deadline for final claims is **SEPTEMBER 29**. This is earlier than in previous years. Claims postmarked after that date will not be paid.